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U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE

Under the Paperwork Reduction Act of 1995, he persons are required to respond to a collection of information unless it displays a valid OMB control number. Approved for use through 7/31/2006. OMB 0651-0032 U.S. Patent and Trademark Office; U.S. DEPARTMENT OF COMMERCE PATENT APPLICATION FEE DETERMINATION RECORD **Application or Docket Number** Substitute for Form PTO-875 09 545 582 CLAIMS AS FILED - PART I OTHER THAN (Calumn 1) SMALL ENTITY OR (Column 2) SMALL ENTITY FOR NUMBER FILED NUMBER EXTRA RATE FEE RATE FEE BASIC FEE (37 CFR 1.16(a)) OR TOTAL CLAIMS (37 CFR 1.16(c)) minus 20 = OR INDEPENDENT CLAIMS (37 CFR 1.16(b)) OR MULTIPLE DEPENDENT CLAIM PRESENT (3%,CFR 1.18(d)) OR \* If the difference in column 1 is less than zero, enter "0" in column 2. TOTAL OR TOTAL CLAIMS AS AMENDED - PART II OTHER THAN OR (Column 1) (Column 2) (Column 3) SMALL ENTITY SMALL ENTITY CLAIMS HIGHEST ⋖ REMAINING NUMBER PRESENT RATE ADDI RATE ADDL AFTER PREVIOUSLY **EXTRA** TIONAL TIONAL AMENDMENT PAID FOR FEE FEE Total Minus (37 CFR 1.18(c)) 114 116 X S OR 낊 Q7 CFR 1.160m ι3 OR X \$ FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) OR TOTAL TOTAL ADD'L FEE ADO'L FEE (Column 1) (Column 2) (Column 3) CLAIMS REMAINING HIGHEST 8 NUMBER PREVIOUSLY PRESENT ADDI-TIONAL RATE RATE ADDL AFTER **EXTRA** TIONAL AMENDMENT PAID FOR ▥ FEE Total (37 CFR 1.18(c)) Minus END 6 X S OR independent (37 CFR 1.18(b)) Minus 13 **OR** FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.16(d)) OR TOTAL TOTAL ADD'L FEE OR ADD'L FEE (Column 1) (Calumn 2) (Column 3) CLAIMS HIGHEST REMAINING NUMBER PRESENT RATE ADDI RATE ENT ADDL AFTER PREVIOUSLY **EXTRA** TIONAL FEE TIONAL AMENDMENT PAID FOR Total Minus (37 CFR 1.16(c)) X S OR M Independent (37 CFR 1.16(b)) Minus OR X S FIRST PRESENTATION OF MULTIPLE DEPENDENT CLAIM (37 CFR 1.18(d)) OR TOTAL TOTAL ADO'L FEE OR ADD'L FEE \* If the entry in column 1 is less than the entry in column 2, write "0" in column 3.
\*\* If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 20, enter "20".

"If the "Highest Number Previously Paid For" IN THIS SPACE is tess than 3, enter "3".

The "Highest Number Previously Paid For" (Total or Independent) is the highest number found in the appropriate box in column 1.

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